

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	Best Available Copy	
O.I.P.E. CLASSIFIER		72346	11-15-94
FORMALITY REVIEW			

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 _____ Canceled
 _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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